PATENT APPLICATION LE DETERMINATION RECORD Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	()	OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			8 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* _			X40=		1	X80=	
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT						,	OR		
• If	the difference	in column 1 is	less than zero, enter "0" in co			olumn 2		+135=	• • •	OR	+270=	•
••	•	,						TOTAL	÷	ÒВ	TOTAL	800
	, C	(Column 1)	MENDED - PART II (Column 2)			(Column 3)		SMALL	ENTITY	OR.	OTHER SMALL	the state of
AMENDMENT B AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	JLTIPLE DEPENDENT CLAIN				 	. 105			. 070		
	•						L	+135= TOTAL		OR	+270= TOTAL	
	/OI A)						F	ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	Secure of Lifeting Comments	(Colur HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	*	Minus	**	· On	=		X\$ 9=	FEE	0.0	X\$18=	FEE
	Independent	•	Minus	***		=	1	X40=	•	OR		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	A4U=		OR	X80=	
							L	+135=		OR	+270=	
							A	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	A Section of the second	(Column 1) CLAIMS		(Colur		(Column 3)	1 ·					
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	 	X40=			X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·		OR		, ',
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE									OR	+270= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875												<u> </u>

Application or Docket Number